MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34164

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township — Primary Registration District No. 3051 — Registered No. 143
City Webb City (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Bray
(a) Residence. No. 1300 W. 7th St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18, 1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Plains
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Frank Bray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Plains
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elsie Pryor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oronogo
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Frank Bray
(Address) 1300 W. 7th Webb City

15. FILED 10/22 1929 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1929, to Oct. 15, 1929 that I last saw her alive on Oct - 15 - 1929, and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
1218
129 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. S. Slaughter D.O. M.D.
10-18, 1929 (Address) Webb City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oronogo Cemetery — DATE OF BURIAL: 10/18/29

20. UNDERTAKER: Steele Und. Co. — ADDRESS: Webb City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Slaughter